CITY OF EL SEGUNDO
PRETREATMENT PROGRAM INSPECTION FORM

Section A – General Information

Bolded sections are required to be completed

1. **Date:**_____**Arrival Time:**_____
2. **Company Name:** _____
3. **Facility Address:** _____
4. **Permit #**_____**Effective Date:**_____**Expiration Date:**_____
5. **Persons present during Current Inspection:**

Name	Title	City/Company	Phone	E-mail

6. SIU Permit Signatory:_____ Present at Inspection: YES [ ] NO [ ]
7. Emergency Contact:_____Phone:_____
8. **Last Inspection Information**

Last Inspection Date: _____ **Inspected by:** _____

Recommendations and Deficiencies Noted at Last Inspection	Corrective Action Taken by Facility Since Last Inspection

9. Date Facility went into operation?_____Date of discharge to POTW?_____
10. **Reason for inspection: Pre-permit ____ Scheduled _____ Unscheduled _____ Demand _____**
IU Problem _____ POTW emergency _____ Compliance follow up _____ Other _____

Comment: _____

11. Date of BMR submittal: _____ Date of 90 day report: _____

Section B – Product or Service Information

1. Brief Description of manufacturing or service activity at this facility:

_____

_____

_____

_____

_____

Drawings available? YES[ ] NO[ ]

SIC Codes: _____NAIC Codes: _____

SIC Codes: _____NAIC Codes: _____

SIC Codes: _____NAIC Codes: _____

2. Industrial Category: CIU _____ SIU _____ IU _____ Applicable Standards_____

3. List products manufactured indicating the appropriate production units:

Products	Approximate Production Volume (Products/month)

Has production rate increased significantly (20%) since last inspection? Yes [ ] No [ ]

Has production rate decreased significantly (20%) since last inspection? Yes [ ] No [ ]

4. List type and amount of raw materials utilized, indicating the appropriate units:

Raw Materials	Amounts used per month

5. List any by-products: _____

_____

6. Inspection Notes: _____

_____

_____

Section C – Production Information

1. Employees/Schedule Data:

Number Employees Full - Time	_____	**Shifts/Day:**	_____	**Hours/Shift:**	_____	**Work Days/Week:**	_____
Part – Time:	_____	**Shifts/Day**	_____	**Hours/Shift:**	_____	**Work Days/Week:**	_____
Seasonal:	_____	**Shifts/Day**	_____	**Hours/Shift:**	_____	**Work Days/Week:**	_____

2. Hours per day of operation: 8[ ] 10[ ] 16[ ] 24[ ] Other - Specify _____

3. Do scheduled shutdowns occur? YES [ ] NO [ ]

If yes, list time period(s): _____

4. Is production seasonal? YES [ ] NO [ ]

If yes, indicate periods of maximum production and minimum production:

Maximum - _____ Minimum - _____

5. Total days of production for the latest calendar year: _____

6. Are expansion plans scheduled within the next three (3) years?

If yes, check the appropriate box(es):

[ ] New Products

[ ] Same products - additional capacity

[ ] New Facility [ ] Expand current facility

[ ] Relocate within _____ or outside _____ existing City.

7. Inspection Notes: _____

_____

_____

Section D – Water Use Information

1. Water supply information:

a) Public Source [ ] Account Number: _____

b) Surface water (stream, creek, river, canal, pond):_____(GPD)

c) Well water (usage):_____) _____(GPD)

d) Other - specify: _____) _____(GPD)

2. List average daily total plant water use (GPD): _____

3. Does usage vary widely during the production day: Yes [ ] No [ ]

If yes, list maximum periods: _____

4. Are corrosion or biological inhibiting chemicals added to facility water systems which are discharged to the sewer? Yes [ ] No [ ] If yes, please include all MSDS sheets that apply.

5. a) Are raw water treatment processes employed? Yes [ ] No [ ]

If yes, list process(es): _____

b) Is any residue/regenerant disposed to sewer? Yes [ ] No [ ]

If yes, list type(s) and amount(s): _____

7. Inspection Notes: _____

_____

_____

Section E – Wastewater Discharge Information

1. Is facility connected to a sanitary sewer system? Yes [ ] No [ ]
If no, what type of system: _____ Account No: _____

2. Sewer bill is based on Water Meter Use? _____ Other?_____

Comments: _____

3. a) Does the facility have more than one sanitary sewer connection to the public sewer? Yes[ ] No[ ]

If yes, list number of connections: _____

b) Is sanitary waste discharged separately to the public sewer from process waste? Yes [ ] No [ ]

Comments: _____

4. List sources of industrial wastewater discharged to the City sewer collection system:

Source	Batch/Continuous	Volume	Treated (Y/N)	Authorized (Y/N)

5. Are any of the process discharges regulated by Federal Categorical Standards? Yes [ ] No [ ]

If yes, list processes and standards:

Process: _____ Standard: _____

Process: _____ Standard: _____

Process: _____ Standard: _____

6. Pretreatment System - Indicate below which system(s) is used:

[ ] Air Filtration	**[ ] Chemical Precipitation**
[ ] Chlorination	**[ ] Filtration**
[ ] Flow Equalization	**[ ] Grease or Oil Separation**
[ ] Grease, Oil and Sand Interceptor (GOSI)	**[ ] Grit Removal**
[ ] Ion Exchange	**[ ] Neutralization, pH Control**
[ ] Reverse Osmosis	**[ ] Screening**
[ ] Sedimentation	**[ ] Solvent Separation**

[ ] Biological Treatment, type: _____

[ ] Other Chemical Treatment, type: _____

[ ] Other Physical Treatment, type: _____

[ ] Rainwater Diversion or Storage:

[ ] Other, type: _____

7. Attach a drawing of the system. Yes [ ] No [ ] Needed [ ]

8. Pretreatment system provides <u>continuous</u> [ ] or <u>batch</u> [ ] treatment.

9. Is there a full-time wastewater treatment operator(s)? Yes [ ] No [ ]

Operator Name	Training Received

10. Are all wastewater treatment units in service? Yes [ ] No [ ]

11. Is there a wastewater treatment Operations and Maintenance Manual? Yes [ ] No [ ]

12. Is there a spare parts inventory of critical parts? Yes [ ] No [ ]

13. Are there any bypasses? Yes [ ] No [ ]

14. Are air pollution control devices employed? Yes [ ] No [ ]

If yes, where? _____

15. Check the space(s) for substances that could potentially be contained in the wastewater:

[ ] Sanitary/Domestic waste only

[ ] Acids and Acidic Waste
[ ] Alkali and Caustic Wastes
[ ] Pickling Wastes
[ ] Metal Cleaning and Preparation Wastes
[ ] Metal Finishing Wastes
[ ] Electroplating Wastes
[ ] Photographic Wastes
[ ] Latex Wastes
[ ] Paints and Pigments
[ ] Glues
[ ] Inks and Printing Wastes
[ ] Dyes, Coloring Agents
[ ] Waxes
[ ] Soaps, Surfactants, Detergents
[ ] Oils
[ ] Fats and Grease
[ ] Aldehydes, Ketones
[ ] Ethers
[ ] Organic Acids
[ ] Pesticides, Herbicides, Rodenticide
[ ] Phenol Containing Wastes
[ ] Benzene and Benzene Derivatives
[ ] Organic Solvents, Thinners
[ ] Halogenated Organic Compounds
[ ] Hot Wastes
[ ] Radioactive Wastes

[ ] Other Wastes, describe: _____

16. Inspection Notes: _____

_____

_____

Section F – Stored Chemicals & Waste Production

1. Are liquid chemicals used/stored in quantities of 55 gallons or more and/or dry chemicals in quantities of 500 pounds or more (fuels, oils, solvents, acids, caustics, etc.)? Yes [ ] No [ ]

If yes, provide a list showing the chemical and amount stored/used:

Chemical Name	Amount Stored	Amount Used	Time Frame for Quantity Used

See attached list: Yes [ ] No [ ]

Chemical Storage and Containment:

Are MSDSs available for inspection?	___ **Yes**	___ **No**	___ **NA**
Are incompatible chemicals separated properly?	___ **Yes**	___ **No**	___ **NA**
Is chemical containment necessary at this facility?	___ **Yes**	___ **No**	___ **NA**
Chemical Containment Method: _____			
Do floor drains exist in process / storage areas?	___ **Yes**	___ **No**	___ **NA**
Are floors washed down floor drains?	___ **Yes**	___ **No**	___ **NA**
Are chemicals isolated from existing floor drains?	___ **Yes**	___ **No**	___ **NA**
Do floor drains lead to city collection system?	___ **Yes**	___ **No**	___ **NA**

2. **a) Does facility have a written spill control plan? Yes [ ] No [ ] None Required [ ] Needed [ ]**
   b) Is a copy of the spill plan on file at POTW? Yes [ ] No [ ] Needed [ ] Submittal Date:
   c) Are notification procedures posted in the plant? Yes [ ] No [ ] Needed [ ]
   d) Has the POTW evaluated the need to develop a slug discharge control plan? Yes [ ] No [ ] Needed [ ]
   e) Are chemicals or hazardous waste located near any floor drains? Yes [ ] No [ ]
   f) Are chemicals stored outside the facility? Yes [ ] No [ ] If yes, are they covered? Yes [ ] No [ ]
   g) Describe any spill control methods or facilities: _____

3. Is heavy equipment serviced or cleaned on your property (forklifts, cranes, trucks, etc.)? Yes [ ] No [ ]
   If yes, what provisions are made for disposal of oil, steam cleaning wastes or other wastes?

4. **Are employees properly trained to handle hazardous waste and other chemicals? Yes [ ] No [ ]**
5. **Name and title of person responsible for chemicals:** _____

6. Are any solid wastes, sludges or other residues generated which require off site disposal?

Yes [ ] No [ ] If yes, provide the information for each waste type below:

Waste Types	Hazardous Waste		Amount Generated Per Month (GPM)	Describe How and Where All Waste Is Generated.
	Yes	No		

Waste Haulers

Waste Hauler	Waste Handled	Disposal Location	Manifests

7. Inspection Notes: _____

_____

_____

Section G – Record Keeping

1. Does the POTW perform all monitoring for the industry? Yes [ ] No [ ] If POTW performs all monitoring indicate "N/A – POTW Monitors" in appropriate section.

2. Are self-monitoring reports being submitted according to permit requirements? Yes [ ] No [ ]

Comments: _____

_____

3. Did IU monitor for all permit parameters since the last inspection? Yes [ ] No [ ] If no, which parameters were not monitored?

4. Has the IU violated any pollutant limits or reporting requirements since the last inspection?

Yes [ ] No [ ] If yes, explain:

5. Was the POTW notified of violation within 24 hours? Yes [ ] No [ ] N/A [ ]

6. Was corrective action of violations documented? Yes [ ] No [ ] N/A [ ]

7. Was sampling increased in last reporting period? Yes [ ] No [ ] N/A [ ]

8. Was POTW notified of ALL sample results? Yes [ ] No [ ] N/A [ ]

9. Self monitoring reports consistent with results? Yes [ ] No [ ] N/A [ ]

10. Are on-site records maintained and available for review for at least a minimum of three (3) years?

Yes [ ] No [ ] N/A [ ]

Comments: _____

_____

11. Are all reports signed by an authorized representative? Yes [ ] No [ ] N/A [ ]

Comments: _____

_____

12. Are spill and/or upset/bypass reports being submitted? Yes [ ] No [ ]

Comments: _____

_____

13. a) Is a Toxic Organic Management Plan (TOMP) on file? Yes [ ] No [ ] Needed [ ] N/A [ ]

If yes, is the TOMP being implemented and followed? Yes [ ] No [ ] N/A [ ]

Comments: _____

_____

b) Are periodic TOMP certifications being submitted? Yes [ ] Frequency _____No [ ] N/A [ ]

c) Are TTO's being monitored? Yes [ ] No [ ] N/A [ ]

Comments: _____

_____

14. Is the current wastewater discharge control permit on file? Yes [ ] No [ ]

Comments: _____

_____

15. Any evidence of UNREPORTED violations? Yes [ ] No [ ]

Comments: _____

_____

16. Inspection Notes: _____

_____

_____

Section H – Self-Monitoring Sampling & Testing Information

1. Self-monitoring information:

a) Person responsible for sampling: _____ **(title)** _____

b) Date IU last sampled discharge: _____

c) Type of sample: Grab [ ] Composite [ ] Both [ ]

d) Sampling frequency: _____

e) Reporting frequency: _____

2. Is sampling point identified in permit being used? Yes [ ] No [ ]

Description: _____

_____

3. Does the IU have sampling procedures? Yes [ ] No [ ]

Comments: _____

_____

4. Are samples properly preserved? Yes [ ] No [ ]

Comments: _____

_____

5. Are samples iced or refrigerated? Yes [ ] No [ ]

Comments: _____

_____

6. Are grab samples being collected for:

pH	**Yes [ ] No [ ]**	**Oil & Grease**	**Yes [ ] No [ ]**
Cyanide	**Yes [ ] No [ ]**	**TTO's**	**Yes [ ] No [ ]**
Phenols	**Yes [ ] No [ ]**	**Other:**	

7. a) Is pH measured immediately after collection? Yes [ ] No [ ]
   b) Is pH measured with a pH meter? Yes [ ] No [ ]
   c) Is a continuous recording pH meter used? Yes [ ] No [ ]
   d) Are recording charts [ ] or summary reports [ ] being submitted? Yes [ ] No [ ]
   e) How often is pH meter calibrated?
   f) What buffers are used?
   g) Are logs being kept for the calibration? Yes [ ] No [ ]
8. a) Are samples being tested by a certified lab? Yes [ ] No [ ]
   b) Name of Lab: _____
   Contact person: _____
   Phone Number: _____
   c) Are samples delivered to the lab within holding times? Yes [ ] No [ ]
   d) Are 40 CFR Part 136 procedures followed? Yes [ ] No [ ]
9. Waste Streams:

Are waste streams separated at the facility?	___ Yes	___ No	___ NA
Is piping diagram available on site?	___ Yes	___ No	___ NA
Are pipes labeled or color coded?	___ Yes	___ No	___ NA
Are system alarms or shut off valves in place?	___ Yes	___ No	___ NA

10. Inspection Notes: _____

_____

_____

Section I – Enforcement

1. Is the IU presently under an informal/formal enforcement action by the City? Yes[ ] No[ ]

If yes, describe status: _____

_____

2. a) Is the IU under a compliance schedule? Yes [ ] No [ ]
   b) Is the compliance schedule contained in the permit? Yes [ ] No [ ]

Comments: _____

_____

   c) Are compliance schedule progress reports being submitted? Yes [ ] No [ ]

Comments: _____

_____

Section J – Plant Layout/Schematics

Plant Layout/Schematic in file? Yes [ ] No [ ] If yes, date of last schematic submitted?

Note: Schematic or Layout must show all water/wastewater lines and connections, including internal and external drains and sewer connection(s). Permitted monitoring locations must be indicated. Process areas must show all tanks or other vessels that contain liquids. Process diagrams must show stepwise or sequence for the processing of all materials (with volumes, contents, flows listed). Drawings need to be on 8.5" x 11" paper (or 8.5" x 14"). Updated schematics are required whenever a change in process, operations, or discharge are made at the facility.

Section K – Walk Through

Exterior Inspection

1. [ ] Walk perimeter of building
   * Note all sewer manholes

Comments:_____

_____

2. [ ] Locate all storm drains

Comments:_____

_____

3. [ ] Locate any outside chemical storage areas

Comments:_____

_____

4. [ ] Examine current condition of sampling point(s)

Comments:_____

_____

Interior Inspection

For each inspection area:

1. [ ] Chemical/raw material storage and use

Comments:_____

_____

2. [ ] Waste production, storage (containment), and disposal (manifests)

Comments:_____

_____

3. [ ] Location of floor drains and what pollutants can reach them?

Comments:

4. [ ] What pollutants are/could be in any wastewater?

Comments:

5. [ ] What emergency spill equipment is available?

Comments:

6. [ ] What manufacturing processes were identified?

Comments:

7. [ ] What is the process flow?

Comments:

8. [ ] Inspect maintenance area

Comments:

9. [ ] Inspect the interior of all buildings, storage areas, garages, etc. (including inspecting behind all doors)

Comments:_____

_____

_____

_____

_____

_____

_____

_____

_____

Pretreatment Equipment

1. [ ] Describe any pretreatment equipment and condition of the equipment?_____

_____

_____

_____

2. [ ] If there are, list any grease removal devices.

a) Type of device:_____

Size (gallons):_____ Number of chambers:_____

Location:_____

When was it last cleaned?_____ Cleaning frequency?_____

Device cleaned by (Person or Company: _____

b) Type of device:_____

Size (gallons):_____ Number of chambers:_____

Location:_____

When was it last cleaned?_____ Cleaning frequency?_____

Device cleaned by (Person or Company: _____

Section L – Visit Summary

Comments:_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Information/handouts given to industry (titles: RCRA, Local Limits, etc): _____

_____

_____

Deficiencies:_____

_____

_____

_____

_____

_____

Corrective action due date:_____

Follow-up: _____

_____

_____

Departure Time:_____

Section M – Signature

1. **Date report completed:** _____
2. **Inspector:** _____**Inspector:**_____

   Inspector:_____**Inspector:**_____
3. Copy of inspection report sent to IU? Yes [ ] No [ ] Date sent: _____
4. Reclassification? Yes [ ] No [ ] If yes, Old Class: _____ New Class: _____